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# Life After Nursing School: A Qualitative Study Examining the Traditional B.S.N. Student's Experience of Choosing an Initial Area of Practice

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LIFE AFTER NURSING SCHOOL: A QUALITATIVE STUDY EXAMINING THE  
TRADITIONAL BSN STUDENT'S EXPERIENCE OF CHOOSING AN INITIAL  
AREA OF PRACTICE

By

Charlsie Nicole Murphy

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of  
the requirements of the Sally McDonnell Barksdale Honors College.

Oxford

May 2014

Approved by

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Advisor: Dr. Robin Wilkerson

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Reader: Dr. Tina Martin

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Reader: Dr. LaDonna Northington

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"I lift my eyes to the hills- where does my help come from? My help comes from the LORD, the Maker of heaven and earth." Psalm 121:1-2

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## **ABSTRACT**

### **Life After Nursing School: A Qualitative Study Examining the Traditional BSN Student's Experience of Choosing an Initial Area of Practice**

The purpose of this study was to explore the traditional BSN student's experience in choosing an initial area of practice and influences on this choice. Understanding of this experience is important for educators and healthcare agencies so they may utilize this information to improve the initial area of practice experience. This qualitative phenomenological study was based on van Manen's hermeneutic phenomenological approach. Data were collected through participant interviews that were analyzed for themes related to participant experiences of choosing an initial area of practice. The data were simultaneously transcribed and analyzed to extract themes for each participant. Analysis identified three essential themes, eight variations, and two influences. The three themes were: 1) strong preference of initial area of practice in last semester of nursing school, 2) all participants chose an initial area of practice in area of previous clinical exposure, and 3) increased exposure to populations informed the initial area of practice decision. Influences on the experience of choosing an initial area of practice included other nurses and the desire for a broad foundation for future nursing practice.

## **CHAPTER 1**

### **Introduction**

There are few published studies related to the baccalaureate of science in nursing (BSN) students' experience of choosing their initial area of practice. A survey conducted by the American Association of Colleges of Nursing (AACN) (2012) concluded that there was a total of 52,922 entry-level baccalaureate in science nursing graduates. According to the AACN and the National Association of Colleges and Employers, between 25.5% and 57% of BSN graduates are offered jobs at the time of graduation (American Association of Colleges of Nursing, 2012).

The nursing shortage for registered nurses continues. The National Center for Workforce Analysis predicts that by the year 2020 the nursing job shortage will reach 800,000 registered nurse (RN) positions. Many factors contribute to this shortage including increasing numbers of elderly, a rising number of acutely ill patients, retirement of current nurses, and the rapid expansion of community health care (American Association of Colleges of Nursing, 2010). According to AACN, these shortages will be especially prominent in the specialty practice areas of critical care, neonatal nursing, emergency room, operating room, and labor and delivery units (American Association of Colleges of Nursing, 2010). A May 2001 report completed by the University of Illinois College of Nursing predicted that the ratio of potential caregivers to the elderly population will decrease by 40% between 2010 and 2013 (Stone & Wiener, 2001). It is important that new nurse graduates fill these positions to decrease the nursing shortage.

Another contributor to the nursing shortage is turnover in newly hired nurse graduates. A 2012 cost-benefit analysis featured in the journal, *Nursing Economics*,



reported that there was a 13% to 75% turnover rate for new graduate RNs 12 months after being hired. The report also estimated that the cost of replacing a new graduate RN is between \$49,000 and \$92,000 per nurse (Trepanier, Early, Ulrich, & Cherry, 2012). This replacement cost contributes to the escalating healthcare costs.

It is important to better understand the traditional baccalaureate student nurse's experience in choosing an initial area of practice. Knowledge and understanding of the experience and the potential influences provides educators and health care agencies with opportunities to positively influence the choice. Additionally, understanding of the experience could potentially increase a good match of the nursing graduate to the initial area of practice which would increase nurse satisfaction and retention in the initial area of practice. Subsequently, retention of new nurse graduates in areas of practice predicted to have the most nursing shortage would decrease healthcare costs due to nursing turnover in new graduates. This secure initial placement is particularly important due to the contributing factor of nurse retirement to the nursing shortage. In summary, ensuring that the newly graduated RN will be satisfied with his/her initial area of practice in an area experiencing a nursing shortage will potentially decrease the nursing shortage, newly graduated RN turnover, and dissatisfaction in initial area of practice.

### **Purpose**

This study was conducted to learn more about the experience of a traditional BSN student's choice of initial area of practice and influences on this choice. When the traditional BSN student enters into the nursing workforce, he or she has the potential to reduce the current nursing shortage. Since some practice areas are experiencing more shortage than others are, it is important to study the factors influencing the initial practice

decision in order to increase the likelihood that a traditional BSN student will choose an area of practice with the greatest need for nurses. To influence a traditional BSN student to become interested in applying for jobs in areas of most need, there must be an understanding of how this student develops a preference of an initial area of practice. The purpose of this study was to explore the traditional BSN student's experience in choosing an initial area of practice. The findings of this study should enhance the understanding of nurse educators and healthcare agencies regarding how the student experiences making this choice.

### **Research Questions**

The two questions that formed the basis for this study were:

1. What is the senior traditional baccalaureate nursing student's experience in choosing an initial area of practice?
2. What influences this experience?

### **Significance**

There are few research studies that provide the foundation for evidence based practice on how a nurse chooses his or her initial area of practice. With the growing nursing shortage and the large number of entry- level baccalaureate nursing graduates, it is important to understand the experience of choosing an initial area of practice in order to potentially influence new graduates to choose practice areas with the most nursing shortages. Understanding of this experience provides nurse educators and healthcare agencies opportunities to influence traditional BSN students to choose an area of practice experiencing the greatest nursing shortages.

## **Research approach**

This research explored the experience of the participants and then analyzed the participant experience to identify themes. Max van Manen's hermeneutic phenomenological approach was used to explore the experiences and explicate themes. In hermeneutic phenomenology, a theme "is the form of capturing the phenomenon one tries to understand" (p. 87). A collaborative hermeneutic conversation approach can encourage participants to reflect on their experiences "in order to determine the deeper meanings or themes of these experiences (van, Manen, p. 99)." Additionally, phenomenology does not seek to generalize or problem solve, but only to develop an understanding of the meaning and significance of a human experience (pp. 22-23). This study will adhere to the tenants of hermeneutic phenomenology by using hermeneutic conversation through the form of interviews in order to explicate themes of the traditional BSN student's experience of choosing an initial area of practice.

## **Definitions of terms**

The researcher developed the following definitions to facilitate understanding of the terminology and key words utilized in this study.

- a. *Initial area of practice*- the first job that a traditional BSN student wants to obtain upon graduation. It includes the healthcare agency type the student prefers and/or the patient population he or she wishes to work with.
- b. *Extended exposure to clinical settings*- any exposure of a nursing student to a clinical setting in which he or she was participating in nursing activities that are outside of the required courses in the UMMC traditional BSN plan of study.

- c. *Extended exposure to populations*- any exposure to specific populations in a non-nursing role.
- d. *Preceptor*- the registered nurse who supervises a student's work whenever he or she is completing clinical hours on the registered nurse's unit. This excludes faculty.
- e. *Synthesis hours*- the 120 hours that the students interviewed were required to complete with a preceptor. The designated area of practice is based on the student's preferences.

### **Assumptions**

The researcher has based her interpretations on the following assumptions:

1. The traditional BSN student in his or her last semester of nursing school will have an idea of what is his or her preferred initial area of practice.
2. The traditional BSN student will be willing to explain and reflect on his or her experience in choosing an initial area of practice.

### **Limitations**

The experiences of the traditional BSN nursing students in this study might not reflect the experiences of all traditional BSN nursing students; however, generalization is not a goal as this is a qualitative study. The location of the interview might influence the participants' willingness to disclose experiences so the participant will be allowed to choose a confidential location to allow comfort and sharing of experiences. Although the presence of a recording device could affect participants' openness, minimal effect regarding this limitation is expected. Misunderstanding of questions could limit clarity of participant responses and this will be minimized by use of clear wordings and rephrasing.

Other limitations regarding this particular group of traditional BSN students also exist. The researcher and interviewer was a fellow classmate of the participants and this could negatively or positively influence the participants' willingness to share their experience. Additionally, the advisor for this study was the director of the program for this cohort of traditional BSN students which could discourage participation in willingness to disclose the experience. These limitations were recognized and precautions were taken to ensure maximum participant participation. The participants were assured that the advisor would not hear the voice recordings of the interviews, only read the transcription, and that a pseudonym would be used on the demographic data form, on the transcription, and when referring to the student in conversation about the interviews and analyses.

### **Summary**

In 2020, the nursing shortage will reach 800,000 RNs and will be especially problematic in certain areas of practice. Traditional BSN graduates could potentially fill the open positions in areas experiencing a nursing shortage. In order to encourage new nurse graduates to consider these positions when applying for jobs, it is important to understand how traditional BSN students become interested in and choose their initial area of practice in nursing school. Nurse educators and healthcare agencies have the potential to use the findings of this study to influence positively the choices of the initial area of practice to increase satisfaction, help with decreasing the nursing shortage, and decrease healthcare costs.

## **CHAPTER 2**

### **Review of Literature**

A review of literature revealed six studies that specifically examined student nurses' experiences of choosing an initial area of practice. Five of the six studies were conducted outside the United States of America (U.S.). The experiences of these students may be different from those of American nurses and nursing students. Additionally, two of the six studies were conducted over ten years ago. The context of healthcare and nursing education changes rapidly and current research is needed regarding nursing students' experiences of choosing an initial area of practice. Some of the studies simply related the consensus of the students in choosing each area of practice, rather than including details about the experience as a whole.

#### **Research Related to Choosing an Initial Area of Practice Conducted Outside of the U.S.**

The studies summarized below related to nursing students choosing an initial area of practice but were all conducted with students outside of the U.S. Additionally, some of studies simply related the consensus of the students in choosing each area of practice, rather than including details about the experience as a whole.

A study conducted in 1999 at 12 universities in Victoria and Melbourne examined the future specialty preferences of 793 first year undergraduates (Happell, 1999). The main practice areas identified as prospective career choices after graduation were midwifery, pediatrics, and intensive/critical care, rather than careers in community nursing, psychiatric nursing, and geriatric nursing. The reason given for the pediatric and midwifery preferences were a love of babies and children. Midwifery was also attractive

to these students as it was considered a happy career. Intensive and critical care were perceived as desirable due to reasons of challenge and excitement idealized to occur in this specialty. Conversely, unpopularity in psychiatric and elderly nursing was due to the notion of negativity due to clients and work atmosphere. Many students preferred to work in a hospital setting over community nursing. The researchers emphasized the responsibility of nurse educators who should ensure a diversity of clinical experiences and exposure to all students in order to promote experience- based notions rather than assumptions. Additionally, the researchers suggested that nursing educators should dismiss myths of certain areas of nursing and make sure to keep the students informed of all aspects of each specialty (Happell, 1999).

Ward, Bosco, and Styles (2003) researched nursing students' perceived goals and future career pathways within nursing. The participants included 126 nursing students enrolled in Semester 1 of a nursing degree program at a tertiary institution in Perth, Western Australia. The findings suggested that these students' elected career pathways early in nursing school. The students' choices were as follows: 27.7% travel, 25% midwifery and/or pediatrics, 11% midwifery, 8% pediatrics, and 8 % theatre/surgical. Researchers concluded that there was a need for nurse educators to expose students to a wide variety of care settings and that each aspect of nursing care should be equally portrayed (Ward, Bosco & Styles, 2003).

A study conducted by Gillespie (2013) compared viewpoints of nursing students in the United Kingdom and Scotland regarding factors influencing attitudes of these individuals towards clinical placements, perceptions of future relevance related to these clinicals, and similarities between aspects of the participant that encourage similar views.

A total of 130 students were interviewed for the pre-placement viewpoints and 70 students were interviewed for viewpoints 21 weeks later after clinical placements. The results of this study included a ranking of the students' preferred areas of clinical specialty. These preferences were ranked from most preferred to least preferred: 1) community care, 2) intensive care, 3) acute care, 4) children, 5) rehabilitation, 6) older adults. The researchers concluded that the participants found long-term/ chronic care settings as less applicable to their future as skills learned in acute care settings (Gillespie, 2013).

In another study published in the *Australian Journal of Advanced Nursing*, researchers interviewed students from a nursing school in Ankara, Turkey on their views of aging and older patients. Forty-two nursing students participated in small group discussions. Results indicated that 83.3 % of participants faced challenges with their older patients due to mental, visual, and hearing impairments of these patients. Sixty seven percent of the students stated that the students were cheerful, patient, and understanding when caring for these older patients. The students shared that they did need more information and knowledge about aspects of caring for older patients. Finally, 61.9% of participants stated that they would like to specialize in geriatrics and gerontology post-graduation because these patients need the most care (Cellk, Sevgisun, Tuna & Akkus, 2010).

The purpose of a study by Toren, Zelker & Porat (2011) was to examine the decision-making process and factors influencing Israeli nursing students when choosing a workplace. Two focus groups were formed for the qualitative study that included a female group with seven Jewish and secular females and a male group with four Arab



males. The qualitative study resulted in two themes including “perception of the nursing profession” and “the students’ decision making process.” Positive aspects such as job security and negative aspects of nursing being viewed as a female profession were noted in the findings. The students’ decision-making process consisted of four parts: choosing between the hospital and the community setting, choosing a department within the hospital setting, choosing a specific hospital, and the perception of an ideal hospital. The influences of choosing a hospital for the first workplace were geographic location, type of available positions, work conditions and incentives for advancement, and the hospital’s image. The choice of department within the hospital became a factor whenever students gained exposure to different department areas and developed preferences for certain areas of practice. The quantitative portion of this study was conducted using a 23-topic questionnaire which was completed by 36 students. Findings indicated that the participants’ valued the possibility for professional development in the clinical field, the type of department, and the medical center’s support in continuing education as the most significant factors contributing to decision-making of a first career (Toren, Zelker & Porat, 2011).

### **Research Related to Choosing an Initial Area of Practice Conducted In the U.S.**

In the study, *Baccalaureate Nursing Students’ Intention to Choose a Public Health Career*, researchers examined nursing students’ likelihood to choose a career in a public health after nursing school and what influenced that decision (Larsen, Reif, & Frauendienst, 2012). The sample included 241 students from a small liberal arts college in Minnesota and 113 students studying at the state university. The respondents to the survey included 165 juniors and 189 seniors. Researchers concluded that recruitment

strategies that were likely to encourage an initial area of practice in the public health area were: comparable wages, flexibility in scheduling, and tuition reimbursement.

Additionally, students enrolled in the small liberal arts college were more likely than the state university students to have the intention of choosing a public health career. The clinical health sites were grouped as traditional such as a government or tribal public health agency and nontraditional such as a school, prison, women's shelter, or outpatient center. The students who completed clinical in nontraditional health sites were more likely to intend to pursue a career in public health than those students completing clinical in traditional health sites. Overall, the students rated extrinsic and intrinsic variables contributing to their intention to choose a public health career and of these the most significant were comparable wages, tuition reimbursement, flexible scheduling, gender, enrolling institution, and previous clinical experience (Larsen, Reif & Frauendienst, 2012).

### **Summary**

There are few published research studies related to traditional BSN students' experience in choosing an initial area of practice. All but one of these research studies were conducted with nursing students outside of the U.S. The majority of the studies used quantitative methodology. The instruments used in the quantitative studies may not have fully explored the richness of the experience. Qualitative studies conducted with traditional BSN students in the U.S. are needed to add rich and important data to the existing body of knowledge related to how traditional BSN students choose their initial area of practice.

## **CHAPTER 3**

### **Methodology**

The purpose of this study was to examine the traditional BSN student's experience of choosing an initial area of practice and its influences. Nurse educators and healthcare agencies have the potential to use the findings of the study to influence the choice of the initial area of practice to increase satisfaction, decrease the nursing shortage, and decrease healthcare costs. The foundations for this research are the questions of: (1) what is the senior traditional baccalaureate nursing student's experience of choosing an initial area of practice, and (2) what influences this experience? The research method used in this study enhanced the understanding of the traditional baccalaureate nursing student's experience of choosing an initial area of practice. This chapter includes a description of the research design, setting, participants, instruments, interview procedure, protection of participants, analyses, and methodological rigor.

### **Design of the Study**

This qualitative study sought to understand the traditional baccalaureate nursing student's experience of choosing an initial area of practice. The research design was that of Max van Manen's hermeneutic phenomenology which attempts to gain a deeper understanding of the meaning of everyday experiences (van Manen, 1990). The research question is explored using four methodological activities according to van Manen: "(1) by turning to a phenomenon which seriously interests us and commits us to the world, (2) by investigating experiences as we live them, rather than as we conceptualize them, (3) by reflecting on the essential themes that characterize the phenomenon of interest, and (4) by describing the phenomenon through the art of writing and rewriting" (p.30). These

methodological activities enable the researcher to gain a deeper understanding of the meaning of everyday experiences. Data collection, transcription, and analysis may occur simultaneously as phenomenological research is not always linear (van Manen, 1990).

### **Setting**

Data was collected by face-to-face interviews conducted by the co-investigator, Charlsie Murphy. The participant was interviewed alone in the presence of only Ms. Murphy in order to promote confidentiality and sharing of experiences. A single interview was conducted and is anticipated to be no longer than an hour. The participant chose the time and place of the interview.

### **Participants**

Prior to the initiation of this study, it was estimated that no more than 20 participants would be needed in order reach redundancy. Redundancy was reached after seven participant interviews. Participants were senior traditional BSN students enrolled in school at a school of nursing in the southern United States. All of the participants met the following inclusion criteria: (1) enrolled in a traditional BSN program, (2) classified as a senior nursing student in the last semester, and (3) expressed an interest in beginning a nursing career after graduation in May 2014. It was assumed that most senior traditional BSN students will have had some experience in choosing an initial area of practice. No exclusions were made if the participant met all of the inclusion criteria.

Demographical information such as: age, gender, ethnicity, previous work experience, previous degrees, and any extended exposure to clinical settings or patient

populations were collected to provide context for the study. A copy of this demographical data form can be found in Appendix A.

The researcher sought voluntary participation from potential participants. The researcher made a verbal announcement in class to inform senior traditional BSN students of the study and an IRB approved information sheet was distributed at this time. The IRB information sheet is found in Appendix B.

Table 1 shows the demographic data on the seven participants. Five of the seven participants were 22 years of age. The age range of the participants was aged 21-23. All seven participants were White and female. All but one of the participants had extended exposure to populations.

**Table 1. Participant Demographic Data**

Participant	Gender	Age (years)	Ethnicity	Extended exposure to populations
Caitlin	Female	23	White	Yes
Emily	Female	22	White	Yes
Lisa	Female	22	White	Yes
Christy	Female	22	White	Yes
Marie	Female	21	White	No
Jane	Female	22	White	Yes
Elizabeth	Female	22	White	Yes

## **Instruments**

The researcher was the instrument in this study. A demographic data form (Appendix B) was used prior to initiation of the interview to ensure participants met the

inclusion criteria and to gather demographic data. An IPAD application was used to record the interviews. The researcher derived themes from the participants' descriptions of their experiences.

## **Procedure**

### **Turning to the Nature of the Lived Experience**

The researcher first became interested in the traditional BSN student's experience of choosing an initial area of practice during her traditional BSN experience. The researcher was interested in this phenomenon because she noticed her classmates' choice of an initial area of practice changing throughout nursing school. Therefore, the researcher acknowledges that she has also had an experience of choosing an initial area of practice but has attempted to exclude her biases from this thesis report.

After the study was approved by the institutional review board, data in the form of personal interviews were collected via an IPAD application, "Audionote". After the participant completed the demographic data form, the researcher verified that the inclusion criteria were met before initiating the interview. All participants were given the operational definition of initial area of practice. Initial area of practice was defined in this study as the first job that a traditional BSN student wants to obtain upon graduation and included the healthcare agency type the student preferred or the patient population, and/or the patient population that he or she wished to work with. Participants were then asked to describe their experience of choosing an initial area of practice. All other questions asked throughout the interview were asked in order to clarify, redirect, or allow an elaboration on information.

Prior to initiation of the interview, the participant was informed verbally and in the information sheet a) that the initiation of the interview was considered the participant's consent to participate in the study, b) that if he/she wished to withdraw from the study during the interview, that the interview would stop and the recording would be destroyed at that point and c) if the participant wished to withdraw after the transcription was completed, the participant may do so, however, the data would still be used for the study. No participant requested to withdraw from the study at any point.

Each interview was transcribed verbatim and verified for transcription accuracy. Transcriptions of the interviews were used to analyze the data and as examples in the study report. Field notes were kept that described the situational context of each interview. The field notes documented where the interview took place and any other information that the researcher believed to be potentially important.

### **Protection of Participants**

Approval of this study was obtained from the University of Mississippi Medical Center (UMMC) Institutional Review Board (IRB) and can be found in Appendix C. The researcher was granted a waiver of informed consent as the study did not involve greater than minimal risk. Waiving consent did not adversely affect the participants' rights and welfare, and participants could access information concerning the study later. All participants and potential participants were given an information sheet about the study. Initiation of the interview was considered consent for participation in the study and for the resulting data to be used. To preserve confidentiality, the participants were asked to choose a pseudonym to be used during the interview, on the transcription sheets, and in the researcher's report. The pseudonym was associated with a code on the demographic

form. The data belong to the primary investigator and will be stored in designated files at the University of Mississippi Medical Center for 7 years, where only the researchers has access to the files. The data will be destroyed after the 7 year period by shredding, deleting, or incinerating all information. A permanent copy of the research report, in the form of the researcher's thesis, will remain in possession of the Sally McDonnell Barksdale Honors College at the University of Mississippi and at the University of Mississippi Medical Center School of Nursing.

### **Analysis**

Analysis occurred as the researcher was collecting data through interviews and then transcription of those interviews. The researcher transcribed the interviews and distributed these transcriptions to her mentor, Dr. Robin Wilkerson. The researcher and her mentor separately analyzed these transcriptions and then collaborated regarding the commonalities after separate opinions had been established to avoid opinion transference. The mentor was the researcher's professor and honors thesis advisor. The mentor taught the researcher about the essential aspects of a qualitative study, data collection, and data analysis. The mentor also guided the researcher through any difficulties or misunderstandings of elements of the research project and was available for assistance as needed. Additionally, the mentor edited this research report.

The researcher's initial reflection occurred during the interviews of each participant through listening to their experiences and composing additional questions to derive more details regarding this experience. During and at the end of each interview, the researcher recorded abbreviated notes if the participant seemed especially affected by a certain phrase or reflection of his or her experience in choosing an initial practice area.



After transcription of the interviews, the researcher extensively analyzed each transcription as a whole and segment- by- segment. Phrases contributing to meaning of the experience were underlined and notes were taken in the margins of the transcription copy. The researcher used the most encompassing or pertinent phrases to develop a list of the strongest aspects of the experience. These aspects were then developed into overall themes and influences when commonalities occurred between participants. After the researcher had completed her analysis, the findings were approved by the researcher's mentor before the research report was written.

### **Methodological Rigor**

The trustworthiness of qualitative inquiry is developed by credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985). The credibility and dependability of this study were established by the researcher and advisor analyzing the interviews independently and reaching consensus on interpretations. The analysis methods were used consistently. Verbatim quotations were provided within the text to allow the consumers to establish credibility of the researcher's interpretations. The confirmability of the study was established by the use of a consistent analysis process to minimize the researcher's biases and perspectives. Confirmability was also enhanced by the use of the phenomenological nod. The researcher contacted the majority of the participants after the analysis was completed and asked if the identified essential themes represented their experiences. The participants believed that the findings of this study were accurate reflections of their experiences. The transferability of the study was established by the researcher providing sufficient descriptive data so that the consumer

can evaluate the applicability of the data to other contexts. Thick description was provided related to the situational context of each participant.

### **Summary**

This qualitative, phenomenological study described the experiences of traditional BSN students choosing their initial area of practice. The researcher collected data using personal interviews. The interviews were transcribed verbatim by the researcher. The transcriptions were then analyzed a whole, by paragraph, and line by line for themes using methodology expounded by van Manen (1990). The next chapter presents the researcher's interpretation of themes derived from the analysis of the personal interviews.

## **CHAPTER 4**

### **Data Analysis**

The phenomenological reflections of the experiential descriptions for each participant are detailed in this chapter. The questions that guided this research were: What is the senior traditional baccalaureate nursing student's experience in choosing an initial area of practice? and What influences this experience? A description of the participants and the environment of the interview are included in order to provide context for the situation. Participant demographic data are included in Table 1 (Chapter 3). The researcher derived the themes and influences from each individual participant experience, summarized in Table 2, before developing the essential themes and influences of this study. The essential themes and influences will be presented in Chapter 5.

#### **Phenomenological Reflection of Experiential Descriptions**

##### **Caitlin**

Caitlin, the first participant, was a 23 year-old White female. Caitlin had extra exposure to clinical settings through the form of a nurse internship. Having worked as a nurse intern for the past eight months, she worked with many nurses and had diverse experiences throughout the hospital. While working as a nurse intern, she completed shifts in areas such as labor and delivery, medical surgical, ICU step-down, emergency room, and the ICU. She chose to become a nurse during college because of her love for healthcare and the aspect of patient interaction and care that the nursing profession provides. Caitlin's interview took place at the home of the researcher, per Caitlin's request. The researcher and participant were seated at the dining room table and there were no interruptions.

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**Table 2. Participant Themes and Influences**

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Participant	Themes	Influences
Caitlin	1.No strongly preconceived notion prior to nursing school 2. Had initial area of practice preference at the end of nursing school. 3. Overwhelmed by clinical experience 4. Extended exposure	1. Initial area of practice as foundation for future nursing. 2. Other nurses
Emily	1.Preconceived notion of preferred initial area of practice prior to nursing school 2. Initial area of practice preference did not change. 3. Open-mindedness throughout nursing school experience 4. Clinical confirmed preconceived notion of initial area of practice preference 5. Extended exposure	1.Initial area of practice as foundation for future nursing
Lisa	1.Preconceived notion of initial area of practice prior to nursing school 2.Initial area of practice preference changed 3.Clinical exposure altered preconceived notion of initial area of practice preference	1.Initial area of practice as foundation for future nursing 2.Other nurses
Christy	1.Preconceived notion of initial area of practice prior to nursing school 2.Clinical exposure altered preconceived notion of initial area of practice preference	1.Synthesis hours
Marie	1.No strongly preconceived notion of initial area of practice prior to nursing school 2. Had initial area of practice preference at the end of nursing school 3. Clinical experience initiated an interest in a specific area of practice	1.Initial area of practice as foundation for future nursing 2. Other nurses 3. Synthesis hours
Jane	1.Preconceived notion of initial area of practice prior to nursing school 2.Initial area of practice preference did not change 3.Clinical experience resulted in elimination of consideration of other areas of practice 4.Clinical experience confirmed preconceived notion of initial area of practice	1. Initial area of practice as foundation for future nursing 2. Synthesis hours
Elizabeth	1.Preconceived notion of initial area of practice prior to nursing school 2.Clinical exposure altered preconceived notion of initial area of practice preference	1.Initial area of practice as foundation for future nursing 2. Other nurses

## Themes

Through analysis of the interview transcription, the researcher was able to derive five themes and one sub-theme from Caitlin's experience.

***No strongly preconceived notion of initial area of practice prior to nursing school.*** Caitlin did not share having had an idea of an initial area of practice prior to nursing school. She described her journey of choosing an area of practice with the description of the first clinical in nursing school. This description included a reflection of Caitlin constantly changing her initial area of practice with each clinical experience during nursing school.

***Had initial area of practice preference at end of nursing school.*** Caitlin had no idea of her initial area of practice when she began nursing school. However, at the end of nursing school, Caitlin had decided her initial area of practice would be in the area of general inpatient nursing, often referred to as "med-surg."

*And so, for the past, probably two months, I have really been spending a lot of time on the 2<sup>nd</sup> floor of Baptist which is Med-Surg. And I really think that I, uh, would like to start out there. I really enjoy the people that work there and it is- there's a lot to see and there's a lot to do and you really do have to be up on your time management...So, I really think Med- Surg is where I want to start out at.*

***Overwhelmed by clinical experiences.*** Caitlin initially described using her clinical experiences as a way to decide on a future initial area of practice preference. However, she described that during nursing school she changed her initial area of practice with each clinical experience. Clinical experiences opened Caitlin's mind to many area of practice and patient population options, but did not provide a clear guidance for her decision of an initial area of practice.

*Well, with nursing school, it's like every single clinical we did except for maybe the first one which was on the cardiac floor (and that was just bed baths and linen changes). I was like, "Oh my gosh! I want to do this, I want to do that, I want to do this!" And, um, like labor and delivery you go and be like, "This is where I am supposed to be!" And then you go and visit the NICU and you're like, oh no, this is- this is where I am supposed to be and this is what I want to do! And, um, it kept changing...*

**Extended exposure.** Caitlin had extended exposure to patient populations and areas of practice in the form of a summer internship and a four hour per week externship for the year following the summer internship her senior year. She referred to the opportunities provided by this extra exposure outside of nursing school and analysis revealed this was the overarching influence on her decision in her initial area of practice. She described having the opportunity to have a role-model relationship with other nurses and more time to evaluate her initial area of practice preference through extra hours on this floor. Both of these aspects seem to have led to a decision in the medical-surgical floor as an initial area of practice.

*And so, for the past, probably two months, I have really been spending a lot of time on ... Med-Surg. And I really think that I, uh, would like to start out there. I really enjoy the people that work there and it is- there's a lot to see and there's a lot to do and you really do have to be up on your time management.*

## **Influences**

**Other nurses.** Caitlin really valued the advice of the experienced nurses she encountered as a result of her nursing internship:

*...after being with the internship, um, I've been in the hospital or I feel like I've had the opportunity to be in the hospital more and to work with lots of different nurses on different floors that do different areas like labor and delivery, ICU, step-down, Med-surg and all of them- most of them- except for maybe like one um all encouraged me to really, to really, get your foot in the door and do med-surg. Just because it's a lot of um, learning time management, and you'll see so much more and it's just- you're really exposed to a lot.*

She described being strongly advised by multiple nurses in various areas of practice to start her entrance into the nursing career with a job in medical-surgical nursing. She believed this area of practice included a variety of patients, diagnoses, and a mostly stable acuity. Caitlin seemed to be convinced by the guidance of other nurses that she should choose her initial area of practice in the medical-surgical unit.

***Initial area of practice as foundation for future nursing.*** Caitlin described choosing her initial area of practice based on the advice of other nurses, but she also considered the benefits of beginning a career in this practice area. Throughout her interview, it did not seem as if medical surgical nursing was going to be the area of practice that she stayed with long-term. She mentioned the many options nursing offers as a positive aspect of why she loves nursing. She also recalls advice from other nurses who stated if she started in the medical-surgical unit, she would be able to go anywhere else. Therefore, she seemed to see her initial area of practice as a gateway to other areas of practice in the nursing field.

*And again, back to the nurses telling me, you know, “Get your foundation in Med-Surg”. Most people are like, you know, “if you can handle Med-Surg for a year for a year or two you should be able to go anywhere and pick it up. Just because you’re used to being efficient, time management, and you’re exposed to a lot. So, that will help you.”*

### **Emily**

Emily was a 22 year-old White female. Emily had extended exposure to the pediatric patient population because she worked as a camp counselor for 2 summers with children ages 5- 17. Additionally, she volunteered at children’s hospitals during Christmas break. She also was a babysitter of a child who had cancer which gave her experience with pediatric oncology. The interview between this participant and the

researcher took place in the conference room at the School of Nursing and there were no interruptions.

## **Themes**

### ***Preconceived notion of preferred initial area of practice prior to nursing school.***

Emily described going into nursing school with an initial area of practice interest in pediatrics. She did not mention an interest in any other area of practice. She saw herself as a pediatric nurse before nursing school began.

*Um, I kind of went into nursing school thinking that I wanted to do pediatrics; thankfully that didn't change throughout nursing school. Um, I just went- I decided originally just because I liked being around kids, I liked to babysit, I worked at a summer camp- like exposed to children of all different ages.*

***Initial area of practice preference did not change.*** Emily's initial area of practice will undoubtedly be anywhere that she can work with pediatric patients. She had no additional preference or back-up plan as her main priority is any area of practice where she is able to be a nurse to the pediatric population.

*I feel like starting out just on a general peds floor like med-surg or just somewhere- anywhere in pediatrics really though- that would be the ideal place to start.*

***Open-mindedness throughout nursing school experience.*** Despite coming into nursing school with a preconceived notion of pediatrics as an initial area of practice, Emily seemed to be aware that there was a possibility this notion could change. She explained welcoming each clinical experience that involved patient populations or areas of practice outside of pediatrics. The researcher believed that Emily did not resist any clinical experiences outside of pediatrics based on her preconceived notions. She seemed genuinely accepting of the fact that her initial area of practice could potentially change during nursing school.



*And then I was open minded throughout all the classes and clinical experiences, you know, open to change and willing to change that idea if I found something else that I liked better.*

***Clinical confirmed preconceived notion of initial area of practice preference.***

Emily shared that clinical experience in areas other than pediatric nursing did not cause her to alter her preconceived notion of initial area of practice. She explained that her enjoyment for the pediatric clinical experience strongly contributed to the confirmation of her decision of initial area of practice.

*Um, and I just in general liked that population so I kind of came in with that idea and then just going through my different clinical rotations and just being exposed to different patient populations that kind of also encouraged me. And I enjoyed my pediatric rotation and the class so that just kind of helped affirm my decision that I would like to go into pediatrics.*

***Extended exposure.*** Emily described a pre-nursing school exposure to the pediatric population. She had been a babysitter for a child with cancer and also worked at multiple summer camps for children. She shared this exposure as the basis for her preconceived notion that her initial area of practice would involve the pediatric population.

*Um, I just went- I decided originally just because I liked being around kids, I liked to babysit, I worked at a summer camp- like exposed to children of all different ages.*

**Influences**

***Initial area of practice as foundation for future nursing.*** Emily voiced that her ultimate goal was to work as a nurse in pediatric oncology. She did not have a specific preference for an initial area of practice as long as pediatrics was the patient population. She would be willing to accept any job offer in pediatrics and then eventually work her way to a pediatric oncology floor.

*...eventually, I'd love to end up working in pediatric oncology. But if that's not where I start out, that's okay. I'd love to end up there one day but- I feel like starting out just on a general peds floor like med- surg or just somewhere- anywhere in pediatrics really though- that would be the ideal place to start.*

### **Lisa**

Lisa was a 22 year old White female. She had extended exposure to the pediatric patient population as she worked as a student teacher aid for three and a half years. She primarily worked with the 3-5 year old age group. Lisa's interview took place in her house at her dining room table without any distractions.

***Preconceived notion of initial area of practice prior to nursing school.*** Lisa shared that she became interested in the nursing field because of her experience babysitting and taking care of children. She also stated that her preconceived notion of an initial area of practice was to be a pediatric nurse.

*Well I originally went into nursing school wanting to be a pediatric nurse. Which makes sense with babysitting and everything I have said about loving kids and stuff.*

***Initial area of practice preference changed.*** Lisa stated that she wanted to be a pediatric nurse before she began nursing school. After her experiences in pediatric clinical, she decided that she would not be comfortable pursuing a career in that field because she was uncomfortable around ill children. Ultimately, she had a strong preference for the labor and delivery area of practice in her last semester of nursing school.

*So in my mind, I love labor and delivery and that makes sense to me for what I want to do in the future.*

### ***Clinical exposure altered preconceived notion of initial area of practice***

***preference.*** Lisa stated that pediatric clinical was not what she thought it would be. She reflected that although she still loved children, the pediatric clinical made her realize that she did want to be a nurse to sick children. She also stated that the pediatric clinical was what switched her mindset into labor and delivery. She was open to other practice areas because she made up her mind that she would not be pursuing her preconceived initial area of practice.

*And then we did our peds rotation and- I mean I still loved kids. But I mean, like in my head I loved healthy, happy, you know, like, thriving kids and they aren't always like that in the hospital. And even if it's like, even if it's like, you know, just a broken arm, they still are so upset and they want their parents. And you know, the nurse is great and helpful, but you know, I think ultimately they want their parents. So, I loved peds. I loved the class, I loved the clinical but it kind of made me realize that maybe that isn't where I wanted to stay.*

Lisa's clinical experience in the labor and delivery unit further altered her preconceived notion because it gave her an opportunity to experience another field she was interested in. Lisa's clinical experience in labor and delivery confirmed her feelings for labor and delivery as an initial area of practice.

*Up until that point nursing clinicals had not been my favorite because I knew it wasn't really what I wanted to do. Like med-surg, and step-down, and stuff weren't, weren't my favorite- at all. And I loved labor and delivery.*

### **Influences**

***Initial area of practice as foundation for future nursing.*** When considering her future in nursing, Lisa wanted to use her initial area of practice as a stepping stone for becoming a nurse practitioner in women's health. She mentioned that although her first preference was in labor and delivery, she would be willing to take a position in a women's health unit until she was ready to go back to school.

*If that doesn't work out, I am hoping for something in the women's health, you know, unit, or floor- whatever. So I'd like to work on a labor and delivery floor. That's what I want. Not postpartum so much as, labor and delivery. For a couple of years.*

**Other nurses.** Lisa talked about a nurse practitioner she was close to and how she was a role model for Lisa. She described the nurse practitioner as always being welcoming and informative to her. Lisa stated that this nurse role model reinforced her love for the women's health area of practice.

*She's really cool, and I like that. I like what she does. She's not labor and delivery, but it's women's health.*

### **Christy**

Christy was a 22 year-old White female. Christy had exposure to the pediatric population through babysitting. Additionally, she worked as an aid at a family clinic for a summer where she was exposed to a variety of patients. At the time of this interview, Christy had completed 12 synthesis hours in the ICU setting.

### **Theme**

***Preconceived notion of initial area of practice prior to nursing school.*** Christy shared that she had an idea of what field she would pursue as a nursing career prior to beginning nursing school.

*Um, originally going into nursing I thought I wanted to do surgery.*

***Clinical exposure altered preconceived notion of initial area of practice preference.*** Christy had the preconceived notion before nursing school that she wanted to be a surgical nurse. She was able to experience the operating room through clinical in nursing school and realized she did not like this area of practice. She then became

interested in labor and delivery through a clinical experience. The following exemplar explains her feelings on the labor and delivery clinical.

*Well, I really enjoyed the first clinicals there and then the more I was there the more I realized that it's a lot of like redundancies and like even though they do have like complications and stuff.*

Ultimately, she enjoyed the experience in the emergency room the best and developed this preference for her initial area of practice.

*And then I thought I wanted to do labor and delivery but the more I went to the emergency room I just knew that that's kind of something that is more me. There's a lot more diversity of what you see in there and it's just more exciting and- uh, I guess I just thought that it was something I'd want to do for a long time.*

### **Influences**

**Synthesis hours.** Christy did not complete her synthesis hours in her first preference of an area of practice. However, she did mention that she had enjoyed her twelve hours so far in the ICU setting and would consider this area of practice as a second option for an initial area of practice.

*Um, I think that if I don't decide to do emergency I think that I'd like to do ICU. That's probably- that's definitely my second choice... It might even be my first after the semester. But yeah, I think it- they tie in together and I think they definitely impact each other and why I like each one of them. Because I like the E.R. because of the excitement and I like the ICU because it's not necessarily upbeat exciting but it's a lot of things going on at once so it's not monotonous at all.*

### **Marie**

Marie was a 21 year old White female. Marie worked at a college summer camp where the campers were ages 14-18. She did not have any other extra exposure to patient populations or clinical settings outside of nursing school. However, she had completed 84 synthesis hours in the emergency room at the time of the interview. The interview took

place at the home of the researcher per participant request. The participant and researcher were seated at the researcher's desk. No interruptions occurred.

## **Themes**

***No strongly preconceived notion of initial area of practice prior to nursing school.*** Although Marie shared that she has always felt her personality was fitting for a critical care setting, she did not reflect that she had a strong preference of an area of practice when beginning nursing school.

*So starting out, I guess I wouldn't say I knew for sure, I guess I was just really open minded and kind of just let it- let it- whatever I decided was what I was going to decide. So I didn't go into it thinking "this is what I am going to do."*

***Had initial area of practice preference at end of nursing school.*** When reflecting upon her experience in choosing an initial area of practice, Marie reminisces that she did not ever have a "bad clinical experience." She explained that she never disliked any of the clinicals, but decided after all of the clinical experiences that higher acuity settings, especially the emergency room, were what she enjoyed the most. The following transcription excerpt demonstrates this preference.

*Well I want to get out of school, graduate. Um, hopefully get a job in some kind of critical care area- hopefully the E.R. -that's definitely first choice, but if not- ICU.*

***Clinical experience initiated an interest in a specific area of practice.*** Even though Marie did not have a strong preference prior to nursing school, she had developed a preference in the last semester of nursing school. She described how her first experience in the emergency room and the higher acuity settings sparked her interest in these areas. Subsequently, more exposure to these areas through clinicals reinforced this preference.

*...when I did my twelve hour shift last semester, yeah, last semester, in the E.R., um, I had a really great preceptor in the Oxford emergency room and I just kind of felt like that is where I needed to be. I really liked that there was always something different. And then I decided to do my preceptorship in the E.R. and so far, so good. So that's kind of my journey of where I ended up and that's what I want to do.*

**Initial area of practice as foundation for future nursing.** Marie expressed that she wished to gain further education in her preferred initial area of practice in the critical care setting. Through her synthesis experience she had decided that she could see herself becoming a nurse practitioner in the critical care setting. She seemed certain that she would be using her initial area of practice to gain experience in an area where she would like to become a nurse practitioner.

*Well I want to get out of school, graduate. Um, hopefully get a job in some kind of critical care area- hopefully the E.R. –that's definitely first choice, but if not- ICU. I will also like that. I plan on working for a few years to get some good experience and then eventually go back to school. Um, I really like, with my synthesis, there has been nurse practitioners that work in the E.R. and that would be ideal for my future. I would like to be a- I don't know necessarily if you, like if you just do a general nurse practitioner or if you specialize in critical care, but I would like to be a nurse practitioner in the critical care setting.*

## **Influences**

**Other nurses.** Marie described the influence of other nurses throughout her interview. She was first influenced by the example of a nurse during her high school clinical where she shadowed a nurse with what she described as great nursing attributes. Additionally, when discussing her journey to choose the emergency room as her initial area of practice, she mentions clinical in the emergency room and specifically mentions that she had a great preceptor in her emergency room experience. More so, Marie was impressed and encouraged by the emergency room nurse she has encountered throughout her synthesis hours.

*And they just are really on their toes and a lot of them are seasoned nurses and they've been doing it a while. So, I mean, it's kind of you expect them to know but they're just very smart and knowledgeable about different aspects of like the diseases and what could be wrong with the person. They're usually right. Like, I've found like 95% of the time they have been right about what was wrong and you know, the doctor like always comes in and sees them or whatever and completes the assessment. But it's like they- the nurses already knew what was going to be and what to expect and what to be looking for and what to monitor.*

**Synthesis hours.** Marie's synthesis hours have confirmed her preference for E.R. as an initial area of practice. She excitedly described scenarios in the E.R. and how she reacted. It was clear that Marie had become truly passionate about the emergency room area of practice. This positive experience confirmed the initial area of practice preference that was initiated by clinical experience.

*...And then I decided to do my preceptorship in the E.R. and so far, so good.*

### **Jane**

Jane was a 22 year old White female. Jane had an extended exposure to the pediatric population as she has been a babysitter for seven years. Additionally, Jane was a part of her high school childcare class. She has no extra exposure to clinical settings outside of nursing school. Jane had completed 72 synthesis hours at the time of the interview. The interview took place in the conference room at the school of nursing and no interruptions occurred.

### **Themes**

***Preconceived notion of initial area of practice prior to nursing school.*** Jane expressed knowing that she wanted to be a pediatric nurse at the beginning of nursing school. Jane expressed apprehension that this preference might change. She also shared that her choice was finalized in the semester that all clinicals were completed except for behavioral nursing.



*Um, I really knew from the beginning that I wanted to do pediatrics but then I kind of got nervous. Like oh my gosh, what if I don't like it? What if I just like hate like kids at the end or whatever, but um through my times I guess... I didn't do as well in the pediatric class as I expected to do. And that kind of like was discouraging but through clinicals I was like, "Okay I don't like this, I don't like this, I want to do pediatrics."*

***Initial area of practice preference did not change.*** Jane's initial area of practice preference did not deviate throughout the clinicals and classes of nursing school. Despite her apprehension at potentially not enjoying pediatrics, Jane's first preference for an initial area of practice was with pediatric patients. She also shared that she could potentially enjoy an initial area of practice in the labor and delivery setting if she was unable to find a job as a pediatric nurse.

*Well, I would hope to get a job in pediatrics when we graduate. Um, I really would like to do pediatric oncology I think, but I don't really know 'because I've never done that before. Um, hopefully I get a job in pediatrics.*

***Clinical experience resulted in elimination of consideration of other areas of practice.*** Jane shared that with each clinical experience she "ruled out" working in most areas. She explained that she did not see herself loving areas of clinical such as medical surgical nursing and that she would not be comfortable working in these areas for extended periods of time. At the end of the semester, clinical experience had narrowed Jane's preferences to pediatrics as a priority initial area of practice. Additionally, clinical provided Jane an opportunity to develop a second preference, labor and delivery.

*And that kind of like was discouraging but through clinicals I was like, "Okay I don't like this, I don't like this, I want to do pediatrics." And I like labor and delivery too, I could see myself working there as well but either pediatrics or labor and delivery is what I want to do.*

***Clinical experience confirmed preconceived notion of initial area of practice.***

Jane came into nursing school with a strong preconceived notion that she would be

interested in pediatric nursing. Throughout clinicals, she was able to eliminate an interest in other areas of practice outside of pediatrics. Subsequently, Jane had a positive experience in pediatric clinicals and knew that she could work in pediatrics a long period of time and love it.

*Well we started clinicals on like a med- surg floor and I was nervous because I had never did anything like that before. And then I got through that clinical and was like, "Okay, I mean I could do this if I had to but like I really don't love it." I just don't think I could work there for a long period of time. And so then pediatric clinicals came whatever semester that was and I like had a blast- loved it.*

### **Influences**

***Synthesis hours.*** Jane viewed synthesis hours as a means of gaining more experience in her selected area of synthesis hours. She described feeling as if her synthesis hours would have been more helpful if there had been more patients on the unit. However, she still felt like synthesis contributed extra experience for her future in pediatric nursing.

*Because I feel like- I feel like I am learning more now in synthesis than I did in my normal pediatric clinical rotation. I mean, I learned then too but this is just kind of elaborating on that, you know.*

***Initial area of practice as foundation for future nursing.*** Jane had not completely decided on a future career trajectory at the time of the interview. However, she was interested in using her initial area of practice to help her gain experience in order to become a pediatric oncology nurse or a nurse educator. Jane stated:

*Um, hopefully I get a job in pediatrics. I think I want to stay in like the hospital setting for a while just to get like experience- wise, I guess. And then I might go back to school to be- I think I've kind of decided if I do go back to school I'd want to be a nurse educator.*

## **Elizabeth**

Elizabeth was a 22 year- old White female. Elizabeth had exposure to the pediatric population as she was a babysitter throughout high school and college. She did not have any extra clinical setting exposure outside of nursing school. However, she had completed 36 synthesis hours in the E.R. setting at the time of the interview. The interview took place at Elizabeth's home and the researcher and the participant were seated at the couch in the living room without interruptions.

***Preconceived notion of initial area of practice prior to nursing school.*** Elizabeth reflected on the memory of starting nursing school. She believed that she was going to become a pediatric nurse because of her love for children and babies. She had a history of extended exposure to this population through babysitting.

*Well, like I said I have always really liked children, babies in particular. I love little babies and I always thought that is what I really wanted to do and maybe you know, that is eventually maybe what I'll do.*

***Clinical exposure altered preconceived notion of initial area of practice preference.*** Prior to nursing school, Elizabeth thought she would work with the pediatric population. She still had this notion until the actual pediatric clinical experience. Her experience in the clinical was a negative one. She did not give reasons as to why she disliked the clinical, although it was not what she had expected. After this clinical experience, she began to look for other areas of practice that she was interested in and made her decision after clinical experience and research regarding Doctors without Borders.

*But we worked at peds first and I originally thought, you know, hey, maybe peds! But then when we actually worked the clinical, I hated it for some reason. I really did not like it at all, which was very surprising to me because I thought, you know, that could be*

*eventually what I would do- maybe like, pediatric nurse practitioner I thought. But I absolutely hated it for some reason.*

## **Influences**

**Other nurses.** Elizabeth mentioned other nurses as an influence on three separate occasions throughout the interview. First, she elaborated on how she chose the nursing profession and stated that she had always loved the medical field and her aunt was a nurse so this was what gave her the idea of becoming a nurse. Secondly, she explained her very first E.R. experience and described how the preceptor was nice and informative. The most important nurse influence was Elizabeth's synthesis preceptor in the emergency room. She described her as being very supportive and enthusiastic to her learning.

*I have an amazing preceptor who is always wanting me to do the stuff hands on while she just kind of watches. Which is a lot different- usually I guess in the past maybe we weren't as experienced then- but people would just like show you how to do it and then they do it. But she's like, "Oh no, you triage this person! Here, you fill out this paperwork for the triage and I'll sign after you to make sure it's okay." Or something like that, or "Yeah! You've got this IV, you can do this!"*

**Initial area of practice as foundation for future nursing.** Elizabeth referred to her career in the emergency room as a "stepping stone" during the interview. She stated that emergency medicine will be a great experience for a new nurse to learn a lot about all patient populations, diagnoses, and treatments because of the diversity of patients in the emergency room. One of Elizabeth's goals for her future was to join Doctors without Borders, an organization that sends healthcare professionals to areas outside the U.S. to help people in other countries. She felt as if pursuing a career in the emergency room would make her a better asset to this organization because she would have experience in caring for all patient populations rather than just a small patient population.

*And so um, one of the areas, you know, is that they really need nurses is- is like emergency room nurses and like critical care nurses and stuff because that's such a big*

*thing in what they do overseas, you know. They go into war zones and stuff a lot and take care of people. So I don't know, I just wanted to make myself like a better candidate instead of just limiting myself to NICU. And plus, like if I did E.R. nursing I could kind of work anywhere if I wanted to doing like travel nursing. Like I could go to the I.C.U. then also probably. If I just did NICU- I don't know, I feel like it just kind of limits myself. Like I won't get to learn as much or see as much. And I kind of want to learn everything about everything.*

**Synthesis hours.** At the time of the interview, Elizabeth had completed 36 synthesis hours in the E.R. She described this as being a great experience where she was learning how to start IVs, prepare enemas, and complete various nursing skills. This experience helped her realize that she would enjoy working in the E.R. after graduation.

*...And I gave that guy a soap suds enema, I've never done it before, and now I know how to do it. And I didn't know how to do it before so, I don't know, I just kind of like- even if it's an enema, you know, I just kind of like that I get to see everything – I get to do everything. And I like it!*

### **Summary**

In summary, this research study was designed to describe the traditional BSN student's experience in choosing an initial area of practice. The themes of each participant's description emerged from the analysis of the participant interview. Influences on the experience were explored then analyzed also. In the following chapter, essential themes and their variations and influences will be described.

## **CHAPTER 5**

### **Findings**

The purpose of this study was to describe the traditional BSN student's experience of choosing an initial area of practice. Additionally, the influences on this experience were explored. This chapter will describe the essential themes with variations and influences that emerged from analysis of the interviews. Italicized quotes will be utilized to support the identified themes, variations, and influences. Three main themes with a total of eight variations are defined. The variations demonstrate how the themes emerged differently among the participants. An overview of all themes and their variations are included in Table 3. Selected interview excerpts written in italics are presented to exemplify the themes and variations. Two influences on the experience that were common among the participants are also discussed.

### **Research Question 1**

#### **Essential Themes and Variations**

##### **1. Strong preference of initial area of practice in last semester of nursing school**

All of the participants in this study had a strong notion of their preferred initial area of practice at the time these interviews took place, which was in the last semester of nursing school. When asked to describe their experience in choosing an initial area of practice, all participants knew undoubtedly in which area of practice or with what patient population they wanted to work right after nursing school. However, there were differences in the way that each of these participants came about selecting their initial area of practice. These variations are discussed next.

**Table 3. Essential Themes of the Experience and Their Variations**

THEMES	VARIATIONS
1. Strong preference of initial area of practice in last semester of nursing school	A. Initial area of practice remained unchanged from preconceived notion B. Initial area of practice changed from preconceived notion C. No strongly preconceived notion
2. All participants chose an initial area of practice in area of previous clinical exposure	A. Clinical exposure reaffirmed preconceived notion of initial area of practice B. Clinical exposure altered preconceived notion of initial area of practice C. Clinical exposure initiated interest in initial area of practice choice
3. Increased exposure to populations informed the initial area of practice decision	A. Increased exposure to populations within nursing school B. Increased exposure to populations outside of nursing school

The variations reflect how the participant came to the preference by the last semester of nursing school. Some participants began nursing school with an initial area of practice preference, some still had the same preference in the last semester while others had changed their preference. There were instances in which the participants did not have a strongly defined preconceived notion of initial area of practice prior to nursing school. A table detailing each participant's preconceived notion of initial area of practice (before

nursing school) and her initial area of practice choice (in the last semester of nursing school) can be found in Table 4.

**Table 4. Participant Preconceived Notion and Initial Area of Practice Choice**

Participant	Preconceived notion of initial area of practice (before nursing school)	Initial area of practice choice (in last semester of nursing school)
Caitlin	None	Medical Surgical
Emily	Pediatrics	Pediatrics
Lisa	Pediatrics	Labor and Delivery
Christy	Surgical	Emergency Room
Marie	None	Emergency Room
Jane	Pediatrics	Pediatrics
Elizabeth	Pediatrics/ Neonates	Emergency Room

**A. Initial area of practice remained unchanged from preconceived notion**

Two of the seven participants describe having a strong idea of an initial area of practice preference prior to nursing school. These two participants, Emily and Jane, both felt like they wanted to work with the pediatric patient population and this preference has remained the same throughout nursing school.



*I kind of went into nursing school thinking that I wanted to do pediatrics. Um, thankfully that didn't change throughout nursing school. I just went- I decided originally just because I liked being around kids, I liked to babysit, I worked at a summer camp-like exposed to children of all different ages. Um, and I just in general liked that population so I kind of came in with that idea and then just going through my different clinical rotations and just being exposed to different patient populations that kind of also encouraged me. And I enjoyed my pediatric rotation and the class so that just kind of helped affirm my decision that I would like to go into pediatrics.*

They both described considering other areas of practice during the clinicals provided by nursing school, but ultimately pediatrics was still their priority for an initial area of practice.

*Well we started clinicals on like a med- surg floor and I was nervous because I had never did anything like that before. And then I got through that clinical and was like, "Okay, I mean I could do this if I had to but like I really don't love it." I just don't think I could work there for a long period of time. And so then pediatric clinicals came whatever semester that was and I like had a blast- loved it.*

## **B. Initial area of practice changed from preconceived notion**

In some instances, the participant described beginning nursing school with a preconceived notion that she was going to end up as a nurse in a certain area of practice or with a particular patient population but changing her mind. This phenomenon was identified in the experiences of Christy and Elizabeth. In both instances, participants believed when starting nursing school that they would be a nurse in a certain area of practice but this was no longer the case in the last semester of nursing school. Elizabeth remembered changing her preconceived notion after being exposed to the area she thought she would pursue a nursing future in:

*But we worked at peds first and I originally thought, you know, hey, maybe peds! But then when we actually worked the clinical, I hated it for some reason. I really did not like it at all, which was very surprising to me because I thought, you know, that could be eventually what I would do- maybe like, pediatric nurse practitioner I thought.*

### **C. No strongly preconceived notion**

In this study, some students did not have an idea of which area they would like to choose to practice in when they started nursing school. This was the case with participant Caitlin, who did not have a preconceived notion of an initial area of practice. She did not explicitly mention that she had no preconceived notion but when asked to describe her journey of choosing an initial area of practice, she immediately started explaining the clinical experience whereas those students with preconceived notions stated these notions first.

### **2. All participants chose an initial area of practice in area of previous clinical exposure**

All of the traditional BSN students in this study had a strong preference for what initial area of practice they wished to pursue after graduation. All of the interviews took place in the students' last semester of nursing school. All nursing school clinicals, aside from behavioral health, were completed at the time of the interviews. None of the participants chose an initial area of practice that they had no exposure to in clinical. However, clinical exposure affected their experience in different ways.

#### **A. Clinical exposure reaffirmed preconceived notion of initial area of practice**

One way that clinical exposure affected the traditional BSN student's experience on choosing an initial area of practice was that it reaffirmed the participant's preconceived notion. In these instances, clinical experience eliminated areas other than the preconceived notion as options for an initial area of practice. Additionally, the traditional BSN students felt more confident in their preconceived notion as they enjoyed

the clinical experience of their initial area of practice choice prior to nursing school. This is best demonstrated by the experience of Emily who explained:

*I kind of went into nursing school thinking that I wanted to do pediatrics. Um, thankfully that didn't change throughout nursing school. I just went- I decided originally just because I liked being around kids, I liked to babysit, I worked at a summer camp- like exposed to children of all different ages. Um, and I just in general liked that population so I kind of came in with that idea and then just going through my different clinical rotations and just being exposed to different patient populations that kind of also encouraged me. And I enjoyed my pediatric rotation and the class so that just kind of helped affirm my decision that I would like to go into pediatrics.*

### **B. Clinical exposure altered preconceived notion of initial area of practice**

Some of the participants who had a preconceived notion of an initial area of practice prior to nursing school changed this idea after clinical exposure. Both Lisa and Elizabeth changed their mind about becoming a pediatric nurse after experiencing the pediatric clinicals. This change from a preconceived preference of initial area of practice is also demonstrated by Christy's reflection.

*Um, originally going into nursing I thought I wanted to do surgery. And then the first time in the O.R. I just- did not like it- it just wasn't for me.*

### **C. Clinical exposure initiated interest in initial area of practice choice**

In the experiences of Caitlin, Christy, Marie and Elizabeth, clinical exposure initiated the idea of the initial area of practice they had chosen in the last semester of nursing school. This theme was applicable to participants who came into nursing school with a preconceived notion and those who did not. Clinical exposure allowed them to visualize themselves in the role of a nurse in an area of practice not previously considered. This theme is best exemplified by the story of Elizabeth who had come to nursing school with the strong preconceived notion of becoming a nurse in pediatrics. After her pediatric clinical experience, she realized she did not want to become a nurse in

that area of practice anymore. She had not previously considered an initial area of practice the emergency room; however, clinical exposure initiated her interest in this area. Elizabeth explained after she found out she did not enjoy pediatric clinical, she did not know what initial area of practice she would choose.

*And um, I don't know, I guess I really didn't really know what I wanted to do, really until I did work the emergency room and I loved it!*

### **3. Increased exposure to populations informed the initial area of practice decision**

In this study, the researcher found that increased exposure to populations helped form the idea of initial area of practice. This increased exposure occurred within nursing school and in opportunities not correlated with nursing school.

#### **A. Increased exposure to populations within nursing school**

All traditional BSN students are required to complete clinical hours each semester of nursing school. All students receive equivalent hours of exposure to these clinical areas as part of the traditional BSN curriculum. Additionally, synthesis hours provided participants in this study with opportunities for extended exposure in which not all traditional BSN students have the same exposure. Participants worked one-on-one with preceptors in the clinical area. Marie explained her experience with synthesis hours in the emergency room and described being able to witness a variety of patients with higher acuities than she had previously been able to care for in her regular clinical hours. She also described the willingness of her preceptor and the other nurses in the unit to share their expertise and advice with her. Due to the extended amount of hours, she was able to practice and learn more nursing techniques and skills to build her confidence in the

emergency room area. During her reflection of her multiple patient situations in the emergency room, Marie recounted:

*So I don't know, it's just a completely different experience so far than anything I can think of that we've done in nursing school. So yeah, that's pretty exciting.*

#### **A. Increased exposure to populations outside of nursing school**

Participants gained exposure to populations of areas of practice outside of nursing school. These include babysitting, internships, and extensive volunteer services. In this study, the two forms of extended exposure were babysitting and a nursing internship. For Emily, Jane, Lisa and Elizabeth, babysitting formed an interest in taking care of the pediatric population and contributed to the preconceived notion of becoming a pediatric nurse prior to nursing school. Lisa best expressed this concept when she explained:

*.... I probably always go back to the kids. I've been babysitting since I was like, 13, which is probably too young but- I think it started there. I just loved taking care of the kids so it was something that I thought I would enjoy.*

Caitlin also had extra exposure to multiple populations through an internship. This allowed her to spend extra time in multiple areas of the hospital and work one-on-one with preceptor nurses in those areas. During the interview, Caitlin talked about considering medical surgical nursing as an initial area of practice and then having the opportunity to “test out” this idea because of her internship. She described how this extended exposure in medical surgical nursing affected her initial area of practice:

*And so, for the past, probably two months, I have really been spending a lot of time on .... med-surg. And I really think that I, uh, would like to start out there. I really enjoy the people that work there and it is- there's a lot to see and there's a lot to do and you really do have to be up on your time management.*

## Research Question 2

### Influences on the Experience

Two influences on the experience of choosing an initial area of practice were identified during analysis of the data. These influences were “the desire for a broad foundation for future nursing practice” and “other nurses.”

#### 1. Desire for a broad foundation for future nursing practice

Some participants choose an initial area of practice because they believed this would allow them to interact with an array of patient populations with various medical conditions. These participants thought gaining more knowledge and experience with a variety of patients and medical conditions would provide them with a good foundation for future nursing practice. Although participants Elizabeth and Caitlin believed that they would enjoy their decision of initial area of practice, they also had underlying motivation for choosing the areas of emergency room and medical surgical nursing. For instance, Caitlin viewed medical surgical nursing as a pathway to excel in any other area of practice of nursing after she gained experience on that unit initially. She stated:

*And again, back to the nurses telling me, you know, “Get your foundation in Med-Surg”. Most people are like, you know, “if you can handle Med-surg for a year for a year or two you should be able to go anywhere and pick it up. Just because you’re used to being efficient, time management, and you’re exposed to a lot. So, that will help you.”*

Elizabeth chose an initial area of practice with a generalized patient population and many opportunities to learn a wide spectrum of nursing skills in order to prepare for a “Doctors without Borders” experience. She explained:

*...well I’m really interested in a few years after I’ve gained a lot of experience in the E.R. like maybe working overseas joining some kind of organization. So I didn’t want to limit myself to just the NICU because then I would only have experience working with the babies and I wouldn’t be as valuable to an organization working overseas then. Like I*

*feel with the E.R. that's extremely valuable to an organization because I see everything. Like I kind of know a little bit about everything, you know.*

## **2. Other nurses**

Other nurses emerged as an influence on the choice of an initial area of practice. These nurses influenced the lives of the traditional BSN students through their personal lives, through nursing school clinicals, and through synthesis hours. Elizabeth best described other nurses inspiring her desired emergency room nursing career in all of these ways. She was first motivated to choose nursing as a college major because of her aunt who was a nurse. She also enjoyed her first preceptor at her clinical shift in the E.R. Her synthesis preceptor has also acted as a role model for her preferred initial area of practice. When asked about her synthesis experience, she immediately depicted her synthesis preceptor's influence when she responded:

*I love it! I have an amazing preceptor who is always wanting me to do the stuff hands on while she just kind of watches. Which is a lot different- usually I guess in the past maybe we weren't as experienced then- but people would just like show you how to do it and then they do it. But she's like, "Oh no, you triage this person! Here, you fill out this paperwork for the triage and I'll sign after you to make sure it's okay." Or something like that, or "Yeah! You've got this IV, you can do this!"*

## **Summary**

Findings consisted of three main themes with variations. Additionally, two influences were identified that contributed to the traditional BSN student's experience of choosing an initial area of practice. These themes, variations, and influences emerged from the analysis of participant's experience in choosing an initial area of practice. In the following chapter, the findings of the study are discussed. Additionally, the implications for practice, education, and research are explicated.

## **CHAPTER 6**

### **Discussion of Findings**

The purpose of this study was to describe the traditional BSN student's experience of choosing an initial area of practice. Three essential themes were identified from analysis of the participant interviews. Two influences on the experience emerged from analysis. The themes and influences were described in detail in Chapter 5. In this chapter, the findings of the current study are discussed in comparison to the findings of previous research in this area. Also, implications for practice, education, and research are explicated.

The participants willingly spoke of their experiences in choosing an initial area of practice. Influences on the experience emerged from analyses. This reflection included the presence of a preconceived notion prior to nursing school or the absence of such a notion. In all of the participant experiences, the traditional BSN student had chosen an initial area of practice in the last semester of nursing school. Variations to this theme included having a preconceived notion prior to nursing school with the final choice being the same in some cases and in some cases changing or with the participant having no preconceived notion before nursing school.

When the participants reflected on their experiences of choosing an initial area of practice throughout nursing school, clinical experience was always referenced. If the participants had preconceived notions of an initial area of practice prior to nursing school, clinical hours either confirmed or altered this pre-existing preference. In instances in



which the students did not have preconceived notions regarding initial practice area, clinical allowed the students to experience what it would be like to work as a new nurse in the clinical area. In the last semester, all of the traditional BSN students interviewed chose an initial area of practice that they had been exposed to through clinical. No participant chose an initial practice area in which she had not had clinical.

Extra exposure to populations also emerged when the participants shared their experiences in choosing an initial area of practice. These experiences were within nursing school, such as synthesis hours, or outside of nursing school in the form of increased interaction with population like externships or babysitting.

### **Themes as Related to Previous Research**

There was only one theme revealed in the current study that related to findings from previous studies discussed in Chapter 2. This theme was **increased exposure to populations informed the initial area of practice decision**. Researchers who conducted previous studies reported findings that increased exposure to clinical practice areas has contributed to students' decisions regarding initial practice area (Happell, 1999; Ward, Bosco, & Styles, 2003; Larsen, Reif, & Frauendienst, 2012). No other themes or influences that emerged from the current study were reported as findings in earlier studies.

### **Limitations to Transferability**

This study explored the experiences of a traditional BSN student's experience of choosing an initial area of practice. The purpose of the study was not to empirically generalize the findings, but rather to gain a deeper understanding of the experience. The

experiences of these traditional baccalaureate experiences may differ from the experiences of other students. Excerpts from participant interviews were included in Chapters 4 and 5 to aid the reader in understanding the experiences of these participants and to assist the reader in judging transferability. The sampling in this study may have resulted in participants with very similar situational contexts. Therefore, the experiences of students in this study might not reflect the experiences of baccalaureate nursing students at other colleges. Although measures were taken to encourage sharing of experiences, what was shared could have been negatively or positively influenced by the participants' familiarity with the researcher and her advisor.

### **Implications**

The findings of the study represent new knowledge provided through rich descriptions of the participants' experiences. In this section, implications related to practice, education, and research will be explicated.

#### **Practice**

Although the development of interventions was not the focus of the current study, practice implications may stem from increased understanding of the traditional BSN student's experience in choosing an initial area of practice. The current study contributes to healthcare administrators' understanding of the traditional BSN students' decisions regarding initial area of practice, especially students attending programs in the United States. Newly graduated traditional BSN students could potentially fill area of practice with the greatest shortages of nurses. Additionally, a successful first choice in practice areas has the potential to decrease nurse turnover, thereby decreasing healthcare costs.

The findings of this study help inform healthcare agency administrators regarding ways to encourage newly graduated nurses to come to work in areas with the greatest shortage areas. Findings suggest that healthcare agencies would benefit from partnering with schools of nursing to expose students via clinical experiences to areas with the greatest shortages. Findings also suggest that positive clinical experiences, especially with the preceptors, were important to the participants and influenced the student's initial practice choice.

The findings of this study also contribute to the current understanding on how to achieve the best match between the initial choice of practice and the new BSN traditional graduate. Findings suggest that offering students increased exposure to clinical areas helps them to make the initial choice, either by confirming a preconceived notion, by letting them know that they really do not prefer a practice area, or by exposing them to the practice areas that are options to them.

## **Education**

The essential themes and influences that emerged from this study contribute to the existing body of knowledge for nurse educators who work with traditional BSN students. Nurse educators can use the study findings to inform curricular and course decisions, especially related to clinical experiences, to best assist traditional BSN students in choosing their initial area of practice. Additionally, since exposure seems to be an important influence to a traditional BSN student's decision to choose an initial area of practice, the findings suggest that increased clinical exposure in areas of nursing shortages could influence students to choose those areas for initial practice.

## **Research**

Research regarding the traditional BSN student's experience of choosing an initial area of practice and its influences is very limited. Of the similar studies, only one was conducted in the United States. Replication of this study, with samples in settings other than the southern region of the United States and with a wider range of ages and ethnicities, would serve to broaden the existing knowledge related to the traditional BSN student's experience of choosing an initial area of practice.

Additionally, the existing knowledge base regarding the experience of the traditional BSN student choosing the initial area of practice would benefit from a longitudinal study. Richer descriptions might occur if the students shared their experiences in nursing school as they relate to choosing an initial area of practice as they occur rather than looking back on the experiences in nursing school.

## **Summary**

The purpose of the current study was to explore the traditional BSN student's experience in choosing an initial area of practice. The traditional BSN nursing students who participated shared their experiences openly. Analysis of the participant interviews revealed themes related to choice of initial area of practice and influences on the choice. The findings of this study contribute to the very limited existing body of literature on this subject and have implications for practice, education, and research.

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## **APPENDICES**

## APPENDIX A

The Traditional Baccalaureate Student Nurse's Experience in Choosing an Initial Area of Practice

### Demographic Data Form

Participant # \_\_\_\_\_

Pseudonym \_\_\_\_\_

Age in years: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Describe previous work experience:

List previous degrees:

List any extended exposure to clinical settings or patient populations (ex. Internship, externship, volunteering, etc.).



## APPENDIX B



School of Nursing  
The University of Mississippi Medical Center

2500 North State Street  
Jackson, Mississippi 39216-4505  
(601) 984-6200

January 2, 2014

Dear Senior Traditional BSN Student:

I am Charlsie Murphy, a nursing student under the direction of Professor Robin Wilkerson in the School of Nursing at the University of Mississippi Medical Center. I am conducting a research study to understand the traditional BSN student's experience of choosing the initial area of practice and what influences this choice.

You are being invited to participate in this study because you are a senior traditional BSN student. If you agree to participate, you will complete a short demographic data form and then participate in an interview. The interview will be recorded so we don't lose any important information that is shared. If you choose to participate in the study, you will choose the time and place for the interview. The interview should last about one hour.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty and it will not affect your grade. The results of the research study may be published, but your name will not be used.

If you have any questions concerning the research study, please contact me or Dr. Robin Wilkerson. Dr. Wilkerson can be contacted at 601.540.7059 or [rwilkerson@umc.edu](mailto:rwilkerson@umc.edu).

Participation in the interview will be considered your consent to participate. Thank you.

Sincerely,

Charlsie Murphy  
Phone: 228.257.9787  
Email: [cmurphy2@umc.edu](mailto:cmurphy2@umc.edu)

# UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

2500 North State Street  
Jackson, Mississippi 39216-4505

**Institutional Review Board**  
Telephone (601) 984-2815  
Facsimile (601) 984-2961

**DHHS FWA #00003630**  
IORG #0000043  
IRB 1 Registration  
#00000061  
IRB 2 Registration  
#00005033

## **Approval Notice Initial Application**

01/21/2014

Robin Wilkerson, PhD, RN  
School of Nursing  
University Of Mississippi Medical Center  
2500 North State Street  
Jackson, MS 39216

RE: IRB File #2014-0012

The Traditional Baccalaureate Student Nurse's Experience in Choosing an Initial  
Area of Practice

Your Initial Application was reviewed and approved by the Expedited Review process  
on

01/21/2014. You may begin this research.

Please note the following information about your approved research

protocol: Protocol Approval Period: 01/21/2014 - 01/20/2015

Approved Enrollment #: 20

Participant Population: UMMC Students

Performance Sites: School of Nursing - Oxford

Expedited Review Category(ies): (7) Research on individual or group characteristics or  
behavior (including, but not limited to, research on  
perception, cognition, motivation, identity, language,  
communication, cultural beliefs or practices, and  
social behavior) or research employing survey,  
interview, oral history, focus group, program  
evaluation, human factors evaluation, or quality  
assurance methodologies. (NOTE: Some research in  
this category may  
be exempt from the HHS regulations for the  
protection of human subjects. 45 CFR 46.101(b)(2)  
and (b)(3). This listing refers only to research that is  
not exempt.);

Documents / Materials:

Type	Description	Version #	Date
Letters	Information Letter for Murphy Research 1.3.14.docx	1	01/03/2014
Research Protocol	Murphy Research Protocol Submitted to IRB no information letter 1.2.14.pdf	1	01/03/2014

Review History:

Date	Type	Decision
01/10/2014	Administrative Review	Revisions Required
01/21/2014	Expedited Review	Approved

Please remember to:

- Use the IRB file number (2014-0012) on all documents or correspondence with the IRB concerning your research protocol.
- Review and comply with all requirements on the enclosure, UMMC Investigator Responsibilities, Protection of Human Research Participants.

The IRB has the prerogative and authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

Please note, if this study involves an intervention (whether or not it involves a drug or device) you (or the "responsible party") must register the study before enrollment begins and report results within 12 months of study closure through Clinicaltrials.gov <http://www.clinicaltrials.gov/>. Penalties for responsible parties who fail to register applicable clinical studies are significant and include civil monetary penalties and, for federally-funded studies, withholding or recovery of grant funds. For additional information please go to <http://irb.umc.edu/GuidanceInfo/ClinTrialRegistry.htm>.

We wish you the best as you conduct your research. If you have questions or need additional information, please contact the Human Research Office at (601) 984-2815.

IRB 2

Enclosure(s): (1) Investigator Responsibilities, Protection of Human Research Participants

cc: Sharon Lobert, Ph.D.  
Office of Integrity and Compliance

## **UMMC Investigator Responsibilities**

### **Protection of Human Research Participants**

The IRB reviews research to ensure that the federal regulations for protecting human research participants outlined in UMMC policy, the Department of Health and Human Services (DHHS) regulations (45 CFR 46) and the Food and Drug Administration (FDA) regulations (21 CFR Parts 50 & 56), as well as other requirements, are met. The University of Mississippi Medical Center's Federalwide Assurance (FWA), FWA# 00003630, awarded by the Office for Human Research Protections (OHRP) at DHHS, is a written pledge to follow federal guidelines for protecting human research participants in accordance with the principles of the Belmont Report. **All investigators must read both the Belmont Report and the UMMC FWA to understand their responsibilities in conducting research involving human participants.** Both documents are available on the Human Research Office webpage, <http://irb.umc.edu/>, and in hard copy by request from the Human Research Office. Some of the responsibilities investigators have when conducting research involving human participants are listed below.

1. Conducting the Research: You are responsible for making sure that the research is conducted according to the IRB approved research protocol. **You are also responsible for the actions of the study's co-investigators and research staff.**
  
2. Participant Enrollment: You may not recruit or enroll participants prior to the IRB approval date or after the expiration date of IRB approval. All recruitment materials for any form of distribution or media use must be approved by the IRB prior to their use. If you need to recruit more participants than was noted in your IRB approval letter, you must submit an amendment requesting an increase in the number of participants.
  
3. Informed Consent: Informed consent is a process that begins with the initial contact and ends at some point after the study is complete. You are responsible for the conduct of the consent process, ensuring that effective informed consent is obtained and documented using **only** the IRB-approved and stamped consent document(s), and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Whoever is presenting the consent document to the potential participant and conducting the consent discussion must have all pertinent information at hand, be knowledgeable about the study and the disease or condition involved, if any, and have the ability and experience to answer questions regarding the study and any treatment involved. Please give all participants a signed copy of each consent or assent document they sign, and keep the originals in your secured research files for at least six (6) years. When appropriate, you should place a copy of the consent document in the participant's medical record.

4. Continuing Review: The IRB must review and approve all IRB-approved research protocols at intervals appropriate to the degree of risk, but not less than once per year. **There is no grace period.** Prior to the date on which IRB approval of the research expires, the IRB will send you three reminders to submit a Continuing Review, 90, 60 and 30 days prior to expiration. Although reminders are sent, **it is ultimately your responsibility to submit the renewal in**

**a timely fashion to ensure that a lapse in IRB approval does not occur.** If IRB approval of your research lapses, you must stop new participant enrollment, and contact the IRB immediately.

5. Amendments and Revisions: If you wish to amend or change any aspect of your research, including research design, interventions or procedures, number of participants, participant population, consent document, instruments, surveys or recruitment and retention material, you must submit the amendment or revisions to the IRB for review with a Request for Change. You **may not initiate** any amendments or changes to your research without first obtaining IRB review and written approval. The **only exception** is when the change is necessary to eliminate apparent immediate hazard to participants. In that case the IRB should be immediately informed of this necessity, but the change may be implemented before obtaining IRB approval.

6. Unanticipated Events: All adverse events that are unanticipated (**unanticipated means that the event is serious, unexpected, related or possibly related to participation in the study and places participants at greater risk of harm than previously recognized**) and serious protocol deviations, must be reported to the IRB **within ten (10) business days** of discovery. The only exception to this policy is death - **the death of a UMMC research participant must be reported within 48 hours of discovery.** Reportable events should be submitted to the IRB with the Adverse Event/Unanticipated Problem Report form.

Events that do not meet the definition of an unanticipated problem involving risk to participants or others, including research related injury occurring at a UMMC performance site or to a UMMC study participant, participant complaints, problems, minor protocol deviations and non-compliance with the IRB's requirements for protecting human research participants should be reported as follows: Minor deviations and problems should be submitted at the time of continuing review, as instructed on the form. All other events should be reported in writing via letter or email to the IRB with sufficient detail to allow the reviewer to understand the problem and any actions taken to prevent it from happening again.

7. Research Record Keeping: At a minimum, you must keep the following research related records in a secure location for at least six years: the IRB approved research protocol and all amendments; all versions of the investigator's brochure; all informed consent documents; all recruiting materials; all renewal applications; all adverse or unanticipated event reports; all correspondence to and from the IRB; and all raw data.
8. Reports to FDA and Sponsor: When you submit the required annual report to the FDA or you submit required reports to your sponsor, you **must** provide a copy of that report to the IRB. You may submit the report with your IRB continuing review application.
9. Provision of Emergency Medical Care: When a physician provides emergency medical care to a participant without prior IRB review and approval, to the extent permitted by law, such activities will not be recognized as research and the data cannot be used in support of the research.
10. Final Reports: When you have completed the study, (no further participant enrollment, interactions, interventions or data analysis) or stopped work on it, you must submit a Final Report to the IRB using the Final Report form.
11. On-Site Evaluations, FDA Inspections, or Audits: If you are notified that your research will be reviewed or audited by the FDA, OHRP, the sponsor, any other external agency, or any internal group, you **must** inform the IRB immediately and submit all audit reports received as a result of the audit to the IRB.

*If you have questions or need assistance, please contact the Human Research Office at 601 984-2815.*